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Date:	May 4, 2006		
To:	United States Patent and Trademark Office	Fax Telephone #:	571-273-8300
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From:	David S. Park	Date Sent:	
Subject:	10/752,263	Time Sent:	
Client/File:	M-15239-1P US	Fax Operator:	

This transmittal consists of 12 total page(s), including this cover sheet.

Message:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): William R. Rassman; Jae Pak
Assignee: William R. Rassman
Title: Method and Apparatus For Transplanting a Hair Graft
Serial No.: 10/752,263 Filing Date: January 5, 2004
Examiner: Victor X. Nguyen Group Art Unit: 3731
Docket No.: M-15239-1P US Confirmation No.: 4042

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P.O. Box 1405
Alexandria, VA 22313-1450**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following Transmittal Letter (1 page), Request for Continued Examination (RCE) (1 page), and Request for Continued Examination (RCE) Submission Responding to Advisory Action (10 pages) are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: May 4, 2006


Tina Kavanaugh

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May 4, 2006

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Applicant(s): William Rassman; Jae Pak
Title: Method and Apparatus for Transplanting a Hair Graft
Serial No.: 10/752,263 Filed: January 5, 2004
Examiner: Nguyen, Vi X. Group Art Unit: 3731
Docket No.: M-15239-1P US Confirmation No. 4042

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Facsimile Cover Sheet;
- (2) This Transmittal Letter; (1 page)
- (3) Request for Continued Examination (RCE) (1 page)
- (4) Request for Continued Examination (RCE) Submission Responding to Advisory Action (10 pages)



No additional fee is required.



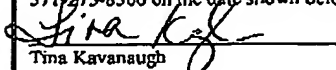
The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining <i>After</i> <u>Amendment</u>		Highest No. Previously <u>Paid</u> <u>For</u>		Present <u>Extra</u>		<u>Rate</u>		Additional <u>Fee</u>
Total Claims	23	Minus	29	=	0	X	\$25.00	\$	0
Independent Claims	2	Minus	5	=	0	X	\$100.00	\$	0
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application							\$	
<u>Total additional fee for this Amendment:</u>								\$	<u>0</u>
<input checked="" type="checkbox"/>	Request for Continued Examination (RCE)							\$	<u>395</u>
<input checked="" type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.								
<input checked="" type="checkbox"/>	Please charge our Deposit Account No. 50-2257 in the amount of							\$	<u>395</u>
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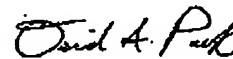
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571/273-8300 on the date shown below.


Tina Kavanaugh

May 4, 2006

Respectfully submitted,



David S. Park
Attorney for Applicants
Reg. No. 52,094